

*The voice of the Case Manager*

# CMASANOW

## NEW GAUTENG CHAPTER LEADERS

*Queen Namane & Amelia Swanevelder*

## STANDARDS OF PRACTICE *Outcomes*

## THE ROAD AHEAD

*By Leron Hector*

*FEB 2020*



**CMASA**

CASE MANAGER  
ASSOCIATION OF  
SOUTH AFRICA

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# Note from the desk of the Chairperson

Carol Garner - South Africa



What a crazy start to 2020!

I feel as though we have hit the floor running but at the same time it's very exciting to see all the case management activity around us. The focus and strategy, for 2020, across the industry, appears to be safe discharge planning and home-based care, what a refreshing change.

While we embrace this strategy, we can see the difference we make in the lives of our patients and that is so rewarding in so many ways and we need to embrace every opportunity we get to make a difference.

Did you notice the subtle change in our logo and identity? We are really pleased with the new refreshed look. This will be used in all communications going forward.

## Conference 2020

We get to celebrate our 10th Conference this year!! So special and it would not be possible without the support from all of you! Plans are well on the way for Conference and for those of you attending the Workshop we will have the opportunity to upskill our CPR skills courtesy of Netcare 911. Get your registrations in ASAP, as space will be limited and you don't want to be disappointed!

It is also time to elect new Board Members both at the Chapter and National Board level, you can get the nomination forms from Sharon. Please exercise your right to nominate and vote. It is time to get involved, and take this Association into the next decade! We are looking for Case Managers that are passionate about Case Management and wanting to make a difference!

I look forward to seeing you at a Chapter meeting soon or at Conference.

Regards  
Carol Garner



CASE MANAGER  
ASSOCIATION OF  
SOUTH AFRICA



# ***CELEBRATING 10 YEARS***

We are proud to reveal our new refreshed updated logo.



CASE MANAGER  
ASSOCIATION OF  
SOUTH AFRICA

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# Are you a Case Manager or a glorified Utilisation Manager?

Written by Gillian Bruce

As a Hospital Case Manager your main functions are to advocate, facilitate and navigate the Medical Aid system with the patient. Ensuring that authorisations are captured accurately and that the correct benefits are utilised.

If this process does not occur, it leads to:

- A lack of knowledge about benefits and limits on the members side
- Incorrect payment of accounts by the claims department resulting in the patient being incorrectly balance billed for accounts that should be paid from either Overall Benefits or PMB.

While completing my CCMASA in 2019, my research paper looked at the impact of case management, or how the lack thereof could affect a cancer patient's finances. The effect that misunderstanding of benefits by the case manager can have on the patient (eg. incurring unnecessary debt) or being negligent in our roles.

We need to find a balance to ensure that while there are UMs' there are also CMs' who can assist the patients every step of the way, providing correct information, ensuring that the correct benefits are used and the correct Resource Management occurs.

Patients will benefit from this support both financially and medically, leading to better treatment adherence and outcomes. Many Hospital Case Managers currently work on a Utilisation Manager system. They authorise treatment that fits within the benefit limit and often do not check the patient's full history (previous hospital authorisations sent in by other specialist practices). This often leads to duplication of treatments and tests, resulting in depletion of funds.

A Case Manager should know the scheme rules and benefits and be able to apply them in such a way that we can approve or decline facility codes based on the knowledge of the DSP rules and regimes. Some Case Managers do not understand

the DSP rules and agreements and how this should be integrated. While this is a training issue, it also becomes problematic when incorrect codes are captured, resulting in depletion of benefits or claims not assigned to PMB.

It was here that it became obvious that, while as Case Managers, we think that we understand PMB rules, in reality we understand the scheme rules and not PMB or CMS regulations. This leads to a Financially Toxic effect on the patient, where treatment is denied or alternatively treatment is authorized however incorrect information has been given to the patient.

It is so important to remember that as a Case Manager, our core functions are to advocate, facilitate and navigate the Medical Aid system with the patient and ensure their authorisations are correctly loaded and the benefits correctly utilised. When this does not occur, it leads to:

- A lack of knowledge about benefits, limits and processes on the members side
- Incorrect payment of accounts by the claims department and the patient being held liable for accounts (that should be paid from either the Hospital benefit or PMB)

Again, this leads back to a training issue that can easily be resolved, to ensure that patients benefit from qualified Hospital Case Managers and not Utilisation Managers who only capture treatment plans based on the available benefit. As Case Managers we need to step away from the computer and start advocating for our Hospital Patients and Specialists, using correct benefits, limits and use of DSPs. We also need to educate other departments (claims, PMB, Hospital pre-auth) within our companies on the correct way to process specialist, PMB and hospital related enquiries and accounts from the correct benefits. This will reduce unnecessary account rejections, resulting in the members being billed for any short falls.

We need to help patients and ask the tough questions about their treatments so that they are educated, to assist the patient with treatment navigation. To assist them with the accurate payments of their accounts and to make sure treatment, pathology, radiology etc is authorised from the correct benefit from the start.

While there is no doubt Utilisation management is imperative in order to maintain and control cost burden within schemes, the study showed that it was evident that Case Managers are needed within the practices and the schemes.

The role of the case manager is to:

- Educate patients on their condition, their treatment options and their scheme benefit limit and rules.
- To collaborate with schemes and specialists as well as other MDTs involved in the patients care.
- To ensure the patient received multi-centric care, that is well authorised and resourced.
- To review Treatment plans on a case by case basis, within the bounds of protocols and guidelines

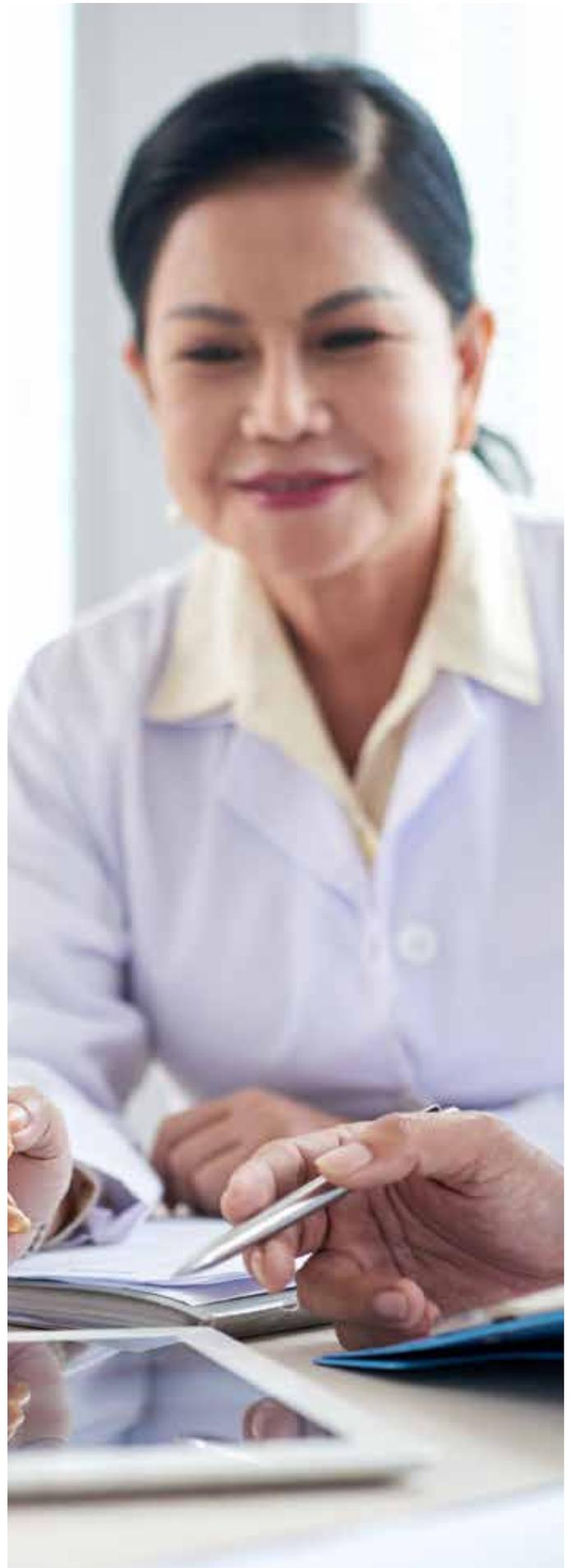
To determine medical necessity and achieve savings while never losing sight on our main responsibility- the patient.

With these steps we can provide our Hospital patients with thoughtful, passionate Case Management that will ensure that they are assisted and guided through the quagmire that is Hospital Case Management without the financial burden that they are suffering with currently.

Excerpts taken from:

To what extent is Financial Toxicity an unrecognised oncology symptom and how frequently is it characterized by insufficient patient-advocacy?

2019 Study Duxah CCMASA





# CMASANOW

## Advertising Opportunity

CMASANOW Magazine is our very own publication, specifically geared towards the Case Manager. This is a quarterly publication packed with interesting articles, the latest international and local industry news, as well as vital information to help you become the best case manager possible.

Should you or your business be interested in featuring and advertising in CMASANOW, please contact **Carol Garner on 010 592 2347 or email [info@casemanagement.co.za](mailto:info@casemanagement.co.za)**.

# Spotlight on the Standards of Practice #6

By CMASA

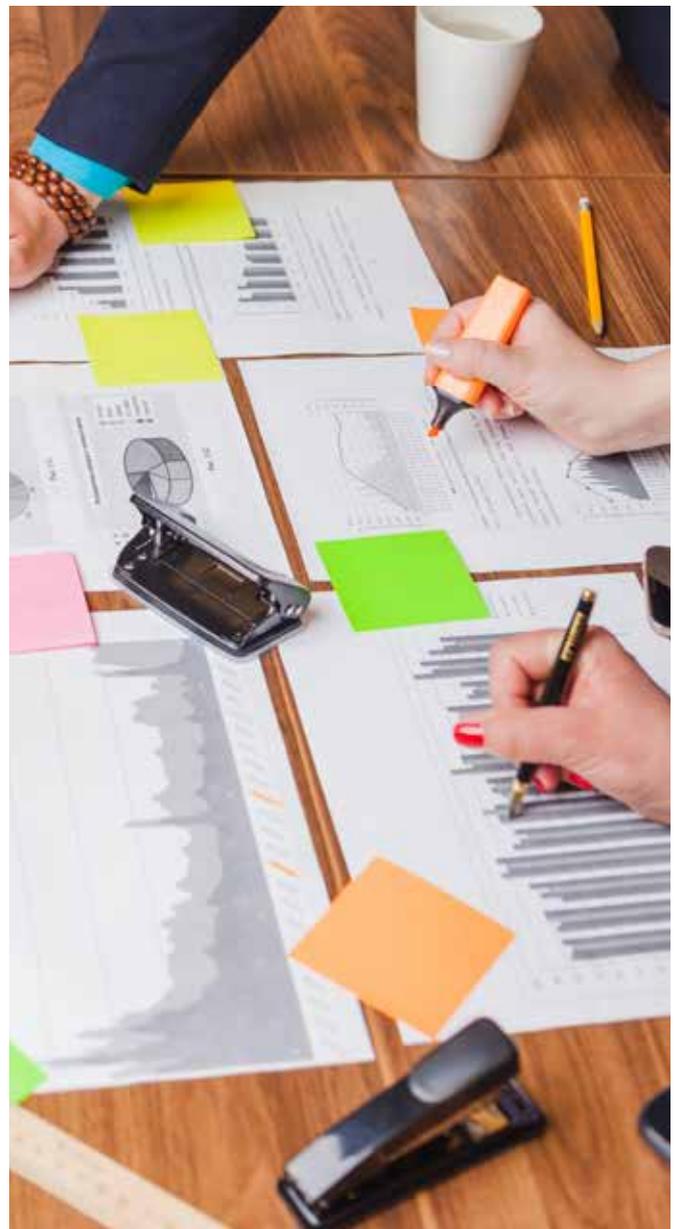
## OUTCOMES

The professional case manager, through a thorough individualized client-centred assessment, should maximize the client's health, wellness, safety, physical functioning, adaptation, health knowledge, coping with chronic illness, engagement, and self-management abilities.

How Demonstrated:

- Create a case management plan of care, based on the thorough individualized client-centred assessment.
- Achieved through quality and cost-efficient case management services, client's satisfaction with the experience of care, shared and informed decision-making, and engagement in own health and health care.
- Evaluate the extent to which the goals and target outcomes documented in the case management plan of care have been achieved.
- Demonstrate efficacy, efficiency, quality, safety, and cost-effectiveness of the professional case manager's interventions in achieving the goals documented in the case management plan of care and agreed upon with the client and/or client's family caregiver.
- Measure and report impact of the case management plan of care.
- Applied evidence-based adherence guidelines, standardized tools and proven care processes. These can be used to measure the client's preference for, and understanding of:
  - The proposed case management plan of care and needed resources;
  - Motivation to change and demonstrate healthy lifestyle behaviour; and
  - Importance of availability of engaged client, family or family caregiver.

- Applied evidence-based guidelines relevant to the care of specific client populations.
- Evaluated client and/or client's family or family caregiver experience with case management services.
- Used national performance measures for transitional care and care co-ordination such as those endorsed by the regulatory, accreditation, and certification agencies, and health-related professional associations to ultimately enhance quality, efficiency and optimal client experience.



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# The Road Ahead

By Mr. Leron Hector, Director - Physiotherapy @ Home

“We are all entrepreneurs!” I once heard a speaker at a business seminar declare a few years ago. Since then I have come to learn the difference between the entrepreneur, an individual seeking to provide the market with a product or service for profit, and the intrapreneur who applies the entrepreneurial mindset within the scope of their employment in an organisation. One thing is certain, as globalisation and technology impact the market more and more people are needing to either become entrepreneurs or intrapreneurs to remain viable.

You may not have thought of yourself as one. Whether employed or self-employed. We are the custodians of our most important resource, which is our time, and we make the final choice where to invest it with the hopes of a profitable return. Today I am intentionally engaging with the entre/intrapreneur in you and will be sharing from the point of view that, we are all entrepreneurs!

Working in the healthcare has proven to be one of the most interesting sectors. We can all agree that very seldom is there a day where nothing happens. We serve a sector that is both as rewarding as it is challenging. We seek to care for those often in their most vulnerable states while advocating for the use of best operating practices in a minefield of legislation and policies.

The question I would like to begin to address is, how do we as healthcare providers look after the entre/intrapreneur in each of us? How do we invest our time in efforts that add value to our customers and the industry without compromising our responsibility for our individual professional growth? These are complex questions that we could not answer in a single page but to begin the discussion is a step in the right direction.

I recently started cycling and when you start spending extended lengths of time in the saddle it's often just you and your thoughts. There are many correlations one can draw between the journey of a novice cyclist and that of healthcare entre/intrapreneur and I would like to share just three of those thoughts with you below as a starting point to this discussion:

## 1. The Downhill Fee:

“The road will never allow you the joy of a downhill ride without the toll of an uphill climb. You always pay the price!”

We all love days when everything goes well. We get to answer all our emails, meet all our deadlines and make every meeting on our calendar on time. These days do happen but for many of us they can sometimes seem far and few between. It often feels like there are more uphill climbs than downhill rides. The best thing we can do during uphill climbs is to manage our perspective. Uphill climbs are necessary for the development of strength and endurance. Pressure and sometimes pain are prerequisites for growth and as much as we might hate to admit it, we learn more from the challenges we face than the victories we enjoy. The painful uphills are therefore as necessary for our development the pleasurable downhill's. When we chose to see every challenge as opportunity to learn and grow, we unlock the ability to become lifelong learners.

## 2. Find a Riding Buddy:

“The journey can be long and lonely so find someone you trust who can keep you motivated and share knowledge.”

Have you ever noticed that cycling is a team sport made up of individual performances? No one is going to pedal on your behalf but there is an ease created when you are surrounded by the right people. Much like in cycling these people can protect you from the wind, help you conduct any repairs and push you uphill when you are just about ready to give up. It is important to surround yourself with a team that challenges you as enthusiastically as what they celebrate you.

Growth only occurs in a conducive environment. An apple seed on a shelf will remain stagnant but place that same seed in the right soil and you unlock the potential of an entire orchard. In the same way the people we intentionally surround ourselves with will either encourage our development or hinder it. Choose your riding buddy wisely and you will achieve more than you ever could have alone.

### 3. Metres vs Kilometres:

“Keep your mind on the horizon, your eyes on the road and take it one stroke at a time. Win each meter!”

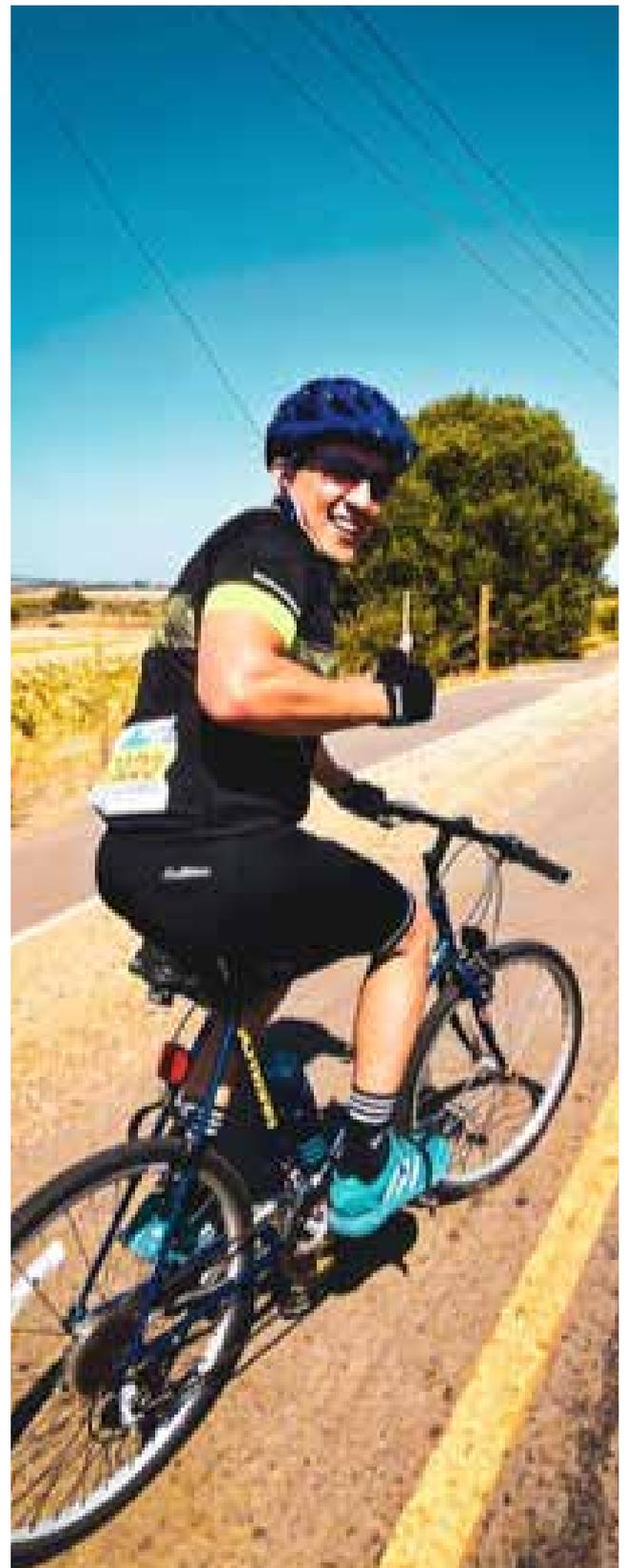
In today's world of mega data, social media and constant news headlines one can often lose sight of not only what to focus on but where to focus. It is important in your journey as an entre/intrapreneur to keep your personal goal in focus. It's said that if you don't move towards your own goals someone will buy your time for you to help them pursue theirs. With your vision properly in focus the next step is to have measurable short to medium term action plans.

This essentially is the route you would need to take to achieve your goal. This route is crucial for you to be able to identify which opportunities compliment your goal and which are a distraction. A good opportunity at the wrong time is as good as a bad opportunity.

The final step is to focus on what you are doing today. Your destination is determined, your route is clear and now it's time to take it one day at a time. Each day is a new opportunity to move towards your goal regardless of your performance the day before. Win each day!

I trust these few thoughts will begin a conversation that will see you set new goals and achieve them in your journey as an entrepreneur or intrapreneur. We are at a unique time in South Africa where the healthcare system is shifting dramatically.

As much uncertainty as this can create it also creates opportunities for both small businesses and big organisations to develop new solutions to the market. These new solutions are dependent on the entrepreneur and intrapreneur to develop them and see them come to life.



# Our two new Gauteng Chapter leaders

By CMASA

Greetings from the CMASA Gauteng Chapter!

We are excited to introduce our 2 new chapter leaders Queen Namane & Amelia Swanevelder to the team.

Queen, is a registered nurse for 32 years. She completed her BA Cur I get A (Unisa) and has qualifications in Nursing Management, Nursing Education, Community Health nursing, Midwifery as well as Psychiatric Nursing. She has extensive clinical experience as operational Manager, Clinical Educator, Cardiology and Cardiothoracic ICU nursing to department head. Queen has been employed in both the private and public hospital sector .She has also worked for various funders as well as managed healthcare companies providing benefit risk management services.

Queen is currently employed by Sibanye Gold Mine Health department. She is the HOD for case management for Sibanye Gold Gauteng, Free State, Burnstone (Emalahleni) and Rustenburg Platinum Mines. Queen's vision for the Gauteng chapter is to see case management develop, grow, revolutionise into the academic accreditation level as other academic disciplines and become recognised under a statutory body. Queen enjoys spending time with her family which consists of her 2 kids as well as being a foster parent to both her sister & brother's 4 children.

Amelia is a registered nurse since 1993. She has done courses in Industrial hygiene, food hygiene, occupational health, audiometry and pharmacology. She has gained her clinical knowledge in both the state and private hospital sectors. Since 2001 Amelia has been employed as a case manager in various private hospitals. Currently she is a case manager at The Fountain hospital which belongs to the Africa Health Care group. Amelia's vision for the Gauteng chapter is to improve membership and to promote case management education. She is a proud mother of 3 children.

We look forward to the contribution and value that these new leaders will provide in the growth & development of the CMASA Gauteng chapter. The new Western Cape & KZN Chapter Leaders will be featured in our next issue.



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# THE ROLE OF THE CASE MANAGER AT THE ROAD ACCIDENT FUND (RAF)

By : Kay Cupido, RAF Hospital Case Manager, Cape Town

The Road Accident Fund provides reimbursement to victims involved in a motor vehicle accident within the borders of South Africa.

The RAF has two different kinds of Case Managers whose roles are very different. They are as follows:

## Hospital Case Manager:

These Case Managers are mainly Registered Nurses who are appointed to assess and facilitate the immediate needs of the seriously injured victims after being involved in a motor vehicle accident.

These Case Managers are situated at various Tertiary and Secondary level hospitals nationwide.

The main objectives are:

- to initiate an Interim Undertaking by means of a lodgment of a Direct claim.
- To assist with early rehabilitation where necessary once an Undertaking is issued
- Examples of rehabilitation assistance:
  - o Assistive devices
  - o Care givers
  - o Admission to rehabilitation facilities
  - o Special needs schools
  - o Transport, etc.

Once an Interim Undertaking gets issued the claimant (patient) is referred to a Field Case Manager to continue the care.

## Field Case Manager

These Case Managers Are Registered Nurses and Allied Health Practitioners who are appointed to assess the ongoing needs of the claimant.

They do home visits to assess the physical environment as well as the medical needs in relation to the injuries sustained. They make recommendations, after the assessment of the

home environment, on home adaptations, the need for a care giver or any further hospitalization or rehabilitation needed. They do follow up visits.

They also refer claimants to relevant service providers should any medical services be needed such as Physiotherapy, Psychology, Orthotist, etc.

## The Undertaking:

Section 17 (1) of the RAF Act as well as the RAF Amendment Act”.

An undertaking is a contract between an accident victim and the RAF where we pay for incurred medical expenses in accordance with the applicable legislation, applicable to the injuries sustained in a MVA.

This is also known as the Future Medical expense benefit  
Some facts:

- The undertaking may be issued before settlement and is known as an Interim Undertaking
- In the case of a represented claim (attorney) it is mostly issued post settlement
- In the case of a Represented claim an attorney may request an interim undertaking as long as the merits of the claim is determined.



# SPONSORSHIP OPPORTUNITY

## CALLING ALL CASE MANAGERS

Sponsors are the lifeline of the Association and there is always an opportunity for a sponsor to get involved as a speaker or exhibitor at the chapter meetings or conference.

We need your help to make this the best conference of all time!!

CMASA are lucky enough to have our regular supporters, our sponsors, but we always need more support and more funds.

These sponsors allow us the ability to keep conference fees and membership fees at a minimal. This also allows us the opportunity to be able to offer you a spectacular conference, as well as to be able to do more for you, our members.

If you know of any potential sponsor, please put them in touch with us and you and your chapter will benefit directly from the income generated, even if the sponsor is for conference.

Each conference sponsorship confirmed will benefit the Chapter by earning 10% of the value and the Case Manager who secured the sponsorship will get a gift voucher.

Put your thinking caps on and approach companies such as corporates, insurance, wellness, pharmacies, gyms, equipment suppliers etc.

Let us grow our support base together!



CASE MANAGER  
ASSOCIATION OF  
SOUTH AFRICA

## *Shape the Future - Be the Difference*

### **10th Annual Conference 2020**

#### **DATES**

Wednesday 13 May:

Workshop: "Case Management - More than just Words"

Thursday, 14 & 15 May:

Conference: "Shape the Future - Be the Difference"

#### **VENUE**

[Fairmont Zimbali Resort](#)

5 Corkwood Drive  
Zimbali Coastal Estate, Ballito  
032 538 5000

#### **WORKSHOP COST**

**Paid Up Members (2020)**

R1600.00 per delegate. Includes Lunch & Tea Breaks

**Non Paid Up/Non Members**

R2000.00 per delegate. Includes Lunch & Tea Breaks

#### **CONFERENCE COST**

**Paid up Members (2020)**

Full Conference Fee - 2 days @ R1900.00 per delegate  
Includes Lunches, Tea Breaks, Gala Dinner & Awards

**Non Paid Up/Non Members**

Full Conference Fee - 2 days @ R2500.00 per delegate  
Includes Lunches, Tea Breaks, Gala Dinner & Awards  
(Early Bird discount of R100 applies if 2 day Conference  
Fee is paid by 31 March)

Conference Fee per Day @ R1265.00 per delegate.  
Includes Lunch, Tea Breaks, Gala Dinner & Awards

Partner Dinner R385

#### **ACCOMMODATION**

**Single:** R1566.00 per person per night, Bed & Breakfast

**Sharing:** R1970.00 per room per night, Bed & Breakfast  
A 1% Tourism Levy is included

#### **WORKSHOP & CONFERENCE REGISTRATION**

Deadline: Friday, 24 April

Should you wish to attend, please [click here](#) to register online. If you do not have access to register online, please request a registration form.

#### **DELEGATE PAYMENT PROCEDURE**

All Workshop, Conference & Accommodation costs to be paid in full before the respective start/arrival dates. CMASA do not have credit card facilities. No payments will be accepted at the Conference. Please email proof of payment to Sharon and reference the payment with your name & surname or invoice number.

**Cancellation Policy** - There will be no refunds for cancellations; however, registration may be transferred to another delegate for the same event. If the alternate is not a member of CMASA and the original registrant is a member, the non member difference must be paid. It is the responsibility of the registered attendee to contact Sharon if unable to attend.

#### **ACCOMMODATION BOOKING PROCEDURE**

**Deadline:** Friday 24 April

Should you wish to make a reservation, register online together with your Conference booking. Accommodation rates will be applicable for pre & post Conference dates as well.

Check-in time is from 14h00 and checkout time is no later than 11h00.

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# Conference and Workshop 2020 - A taste of what is in store

Digital Revolution  
Discharge Planning 101  
Medico Legal Risk prevention  
Stepping up not Down  
The Dawn of Customer Centric Home Based Care  
Pre Hospital CM  
High Risk Patient Management  
Value of Education  
Neonatal Management  
Antibiotics and Super Bugs  
CPR Refresher

## Time to get Involved, Time to Nominate and Time to Vote

New Chapter leaders and new Board members 2020 needed.

CMASA is dedicated to providing the resources, services and support that enable Case Management professionals like you to be more effective, efficient and competitive throughout your career.

As a paid up member of CMASA, you have the unique and important opportunity to elect the future leaders who will determine the direction and strategic initiatives of your Association.

CMASA nominating and voting is a privilege to all members. This is your opportunity to have a voice in CMASA's future by nominating & voting for the suitable candidates that will represent you and your Association over the next three years.

Please complete the nomination form, you will need to sign as the proposer and get a seconder to sign as well. Please make sure your nominee signs the form that they accept the nomination. Once the form has been completed correctly, please email to Sharon Doré - [sharon@casemanagement.co.za](mailto:sharon@casemanagement.co.za).



## ELECTION OF NATIONAL BOARD MEMBER 2020

### Nomination form for the election of member to the National Board of CMASA

#### IMPORTANT

- Each nomination must be proposed and seconded by a member of CMASA.
- **The closing date for nominations is 30 April 2020.**
- Please return the completed nomination form, including the abridged curriculum vitae of the nominated candidate to Sharon Doré by email: [sharon@casemanagement.co.za](mailto:sharon@casemanagement.co.za)

#### TO BE COMPLETED IN BLOCK LETTERS

#### DETAILS OF NOMINEE

Surname

Full name

Membership number

Telephone number   (W)   (M)

#### DETAILS OF PROPOSER AND SECONDER

**We, the undersigned, nominate the above person for election to serve on the National Board of the Case Managers Association of South Africa (CMASA)**

Name of proposer

Membership number

Contact telephone number

Signature \_\_\_\_\_ Date

Name of seconder

Membership number

Contact telephone number

Signature \_\_\_\_\_ Date

Note: Signatures of proposers and seconders are required



## ELECTION OF CHAPTER COMMITTEE MEMBER 2020

Nomination form for the election of a member to a Chapter Committee of CMASA

### IMPORTANT

- Each nomination must be proposed and seconded by a member of CMASA.
- **The closing date for nominations is 30 April 2020.**
- Please return the completed nomination form, including the abridged curriculum vitae of the nominated candidate to Sharon Doré by email: [sharon@casemanagement.co.za](mailto:sharon@casemanagement.co.za)

### TO BE COMPLETED IN BLOCK LETTERS

#### DETAILS OF NOMINEE

Gauteng / KZN / Western Cape - Please select

Surname

Full name

Membership number

Telephone number   (W)   (M)

#### DETAILS OF PROPOSER AND SECONDER

We, the undersigned, nominate the above person for election to serve on the National Board of the Case Managers Association of South Africa (CMASA)

Name of proposer

Membership number

Contact telephone number

Signature \_\_\_\_\_ Date

Name of seconder

Membership number

Contact telephone number

Signature \_\_\_\_\_ Date

